

E-filing

FILED  
07 AUG -9 PM 12:05  
RICHARD M. WIERING  
CLERK U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

TOMAS LOPEZ MENEWEATHER

Plaintiff,

vs.

B. POWELL, ET AL

Defendant.

07 4092

CASE NO.

SBA

PRISONER'S  
APPLICATION TO PROCEED  
IN FORMA PAUPERIS

(PR)

T. L. MENEWEATHER, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes \_\_\_ No X

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: \_\_\_\_\_ Net: \_\_\_\_\_

Employer: \_\_\_\_\_

1 If the answer is "no," state the date of last employment and the amount of the gross and net  
 2 salary and wages per month which you received. (If you are imprisoned, specify the last  
 3 place of employment prior to imprisonment.)

4 \_\_\_\_\_  
 5 \_\_\_\_\_  
 6 \_\_\_\_\_  
 7 2. Have you received, within the past twelve (12) months, any money from any of the  
 8 following sources:

- 9 a. Business, Profession or Yes \_\_\_ No X  
 10 self employment  
 11 b. Income from stocks, bonds, Yes \_\_\_ No X  
 12 or royalties?  
 13 c. Rent payments? Yes \_\_\_ No X  
 14 d. Pensions, annuities, or Yes \_\_\_ No X  
 15 life insurance payments?  
 16 e. Federal or State welfare payments, Yes \_\_\_ No X  
 17 Social Security or other govern-  
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount  
 20 received from each.

21 \_\_\_\_\_  
 22 \_\_\_\_\_  
 23 3. Are you married? Yes X No \_\_\_

24 Spouse's Full Name: BARBARA MENEWATHER (DECEASED)

25 Spouse's Place of Employment: \_\_\_\_\_

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ \_\_\_\_\_ Net \$ \_\_\_\_\_

28 4. a. List amount you contribute to your spouse's support: \$ \_\_\_\_\_

- b. List the persons other than your spouse who are dependent upon you for support and indicate how much you contribute toward their support. (NOTE: For minor children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.).

\_\_\_\_\_

\_\_\_\_\_

5. Do you own or are you buying a home? Yes \_\_\_ No ☒

Estimated Market Value: \$ \_\_\_\_\_ Amount of Mortgage: \$ \_\_\_\_\_

6. Do you own an automobile? Yes \_\_\_ No ☒

Make \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_

Is it financed? Yes \_\_\_ No \_\_\_ If so, Total due: \$ \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_

7. Do you have a bank account? Yes \_\_\_ No ☒ (Do not include account numbers.)

Name(s) and address(es) of bank: \_\_\_\_\_

\_\_\_\_\_

Present balance(s): \$ \_\_\_\_\_

Do you own any cash? Yes \_\_\_ No ☒ Amount: \$ \_\_\_\_\_

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes \_\_\_ No ☒

\_\_\_\_\_

8. What are your monthly expenses?

Rent: \$ \_\_\_\_\_ Utilities: \_\_\_\_\_

Food: \$ \_\_\_\_\_ Clothing: \_\_\_\_\_

Charge Accounts:

<u>Name of Account</u>	<u>Monthly Payment</u>	<u>Total Owed on This Acct.</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

1 9. Do you have any other debts? (List current obligations, indicating amounts and to  
2 whom they are payable. Do not include account numbers.)  
3 \_\_\_\_\_  
4 \_\_\_\_\_

5 10. Does the complaint which you are seeking to file raise claims that have been presented  
6 in other lawsuits? Yes \_\_\_ No X

7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in  
8 which they were filed.  
9 \_\_\_\_\_  
10 \_\_\_\_\_

11 I consent to prison officials withdrawing from my trust account and paying to the court  
12 the initial partial filing fee and all installment payments required by the court.

13 I declare under the penalty of perjury that the foregoing is true and correct and  
14 understand that a false statement herein may result in the dismissal of my claims.  
15

16 7/12/07

17 DATE

Thomas Lopez Menendez

18 SIGNATURE OF APPLICANT  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

Case Number: \_\_\_\_\_

CERTIFICATE OF FUNDS  
IN  
PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of D35219 meneweather, Thomas for the last six months at

SALINAS VALLEY STATE PRISON  
ACCOUNTING DEPARTMENT  
P.O. BOX 1020  
SOLEDAD, CA 93960-1020

[prisoner name]

\_\_\_\_\_ where (s)he is confined.

[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 0 and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 0.

Dated: 7/27/07

L. Macias

[Authorized officer of the institution]

REPORT ID: TS3030

REPORT DATE: 07/27/07  
PAGE NO: 1CALIFORNIA DEPARTMENT OF CORRECTIONS  
SALINAS VALLEY STATE PRISON  
INMATE TRUST ACCOUNTING SYSTEM  
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: JAN. 01, 2007 THRU JUL. 27, 2007

ACCOUNT NUMBER : D35219  
ACCOUNT NAME : MENEWEATHER, THOMAS  
PRIVILEGE GROUP: BBED/CELL NUMBER: FAB3T10000000109W  
ACCOUNT TYPE: I

## TRUST ACCOUNT ACTIVITY

&lt;&lt; NO ACCOUNT ACTIVITY FOR THIS PERIOD &gt;&gt;

## CURRENT HOLDS IN EFFECT

DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
07/12/2007	H109	LEGAL POSTAGE HOLD	0151 ENVEL	1.10
07/17/2007	H109	LEGAL POSTAGE HOLD	0211 LPOST	0.58
07/17/2007	H109	LEGAL POSTAGE HOLD	0211 LPOST	2.33
07/17/2007	H118	LEGAL COPIES HOLD	0206 LCOPY	13.80

## TRUST ACCOUNT SUMMARY

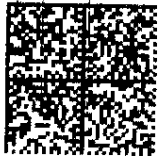
BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	0.00	0.00	0.00	17.81	0.00

THE WITHIN INSTRUMENT IS A CORRECT  
COPY OF THE TRUST ACCOUNT MAINTAINED  
BY THIS OFFICE.  
ATTEST: 7/27/07

CALIFORNIA DEPARTMENT OF CORRECTIONS

BY S. Macias SUSP  
INMATE OFFICECURRENT  
AVAILABLE  
BALANCE

17.81-



02 1A  
0004397458 JUL 30 2007  
MAILED FROM ZIP CODE 93960



\$ 00.58